

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-MAR-2016		TIME 21:46:00	2. ADDRESS OF OCCURRENCE 3704 W POLK ST CHICAGO, IL 60624				3. LOCATION CODE 291		4. BEAT/OCCUR 1133		
SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME CANTORE	7. FIRST NAME MICHAEL A	8. STAR NO. 17672	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 511	13. WT. 202		
	14. DATE OF APT. 03-JAN-2005	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011   1162D	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME HARRIS	21. FIRST NAME LAMAR	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 07-JUL-1986	26. HT. 508	27. WT. 185			
	28. ADDRESS 1021 ELGIN FOREST PARK, IL 60130	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED [REDACTED]	37. CB NO. [REDACTED]	38. IR NO. [REDACTED]	39. DNA [REDACTED]				
	40. REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
	SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		ELED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
		STIFEEED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>	
	MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>	
		VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____	
41. POSITION STAR NO. UNIT	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR								
45. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	46. MAKE/MANUFACTURER [REDACTED]	47. MODEL [REDACTED]	48. BARREL LENGTH [REDACTED]	49. CALIBER/GAUGE [REDACTED]							
50. TASER CART ID NO. [REDACTED]	51. WEAPON SERIAL NO. (Include Letters) [REDACTED]	52. CHICAGO GUN REG. NO. [REDACTED]	53. FIREARM OWNER ID. NO. [REDACTED]	54. HANDGUN CERTIFICATE NO. [REDACTED]							
55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) [REDACTED]	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW [REDACTED]	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO [REDACTED]	
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN [REDACTED]	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]								
70. EVENT NO. 16074472	71. RAD NO. HZ187476	72. CASE INFO. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	73. REPORTING MEMBER (Print Name) BARNETT, THOMAS W 15-MAR-2016 05:16:15	STAR/EMPLOYEE NO. 2102	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) RUIZ, BERSCOTT F	STAR NO. 382	SIGNATURE [REDACTED]	DATE REVIEWED 15-MAR-2016 05:40:12	TIME 10:40:12	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.											
CPD-11.377 (REV. 3/08)											

LOG# 1079601

Attachment 10

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Fatally wounded.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 27 FINDING

Ofc. CANTORE, Michael #17672, along with three fellow officers, were attempting to conduct a field interview when offender HARRIS, Lamar IIR# 1311041 produced a handgun and began firing at the officers. Ofc. CANTORE sustained a gsw to his right heel. Two of CANTORE's fellow officers returned fire and Offender HARRIS was fatally wounded.

U#: U-16-002  
CL Log #: 1079661

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. 1079661 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

DATE COMPLETED

TIME

15-MAR-2016 05:41:54

79. TOTAL TRR% THIS EVENT No.